

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	2					
4	2					
5	2					
6	2					
7	2					
8	2					
9	2					
10	2					
11	2					
12	2					
13	2					
14	(1)					
15	/					
16						
17	2					
18	2					
19	2					
20	2					
21	1					
22	1					
23	3					
24	3					
25	3					
26	3					
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50						
TOTAL IND.	3					
TOTAL DEP.	46					
TOTAL CLAIMS	49					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						